

## MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS 3315 West Truman Blvd., P.O. Box 58

Jefferson City, MO 65102-0058 www.labor.mo.gov/DWC

## REQUEST FOR CONFERENCE

 ,	·	 ·	 <b>,</b> ;

1. INJURY NUMBER



Please be advised that corporations and limited liability companies appearing before the Division must be represented by an attorney licensed in the

	d. Rel. Commn., 789 S.W. 2d 19, 20 (Mo. banc 1990).	ast be represented by an attorney needsed in the		
Note: This form must be completed in its ent	Date of Injury     Case Venue			
Please submit this form to the a				
4. Employee	5. Address of Employee	6. Employee's Telephone No.		
7. Attorney for Employer/Insurer	8. Address of Employer/Insurer Attorney	9. Employer/Insurer Attorney's Telephone No.		
10. Insurance Company and/or Third Party Administrator	11. Address of Insurance Company or Third Party Administrator, if known	12. Party Requesting the Conference		
13. Please explain why you want a conferen	ce:			
Signature of Party Requesting the Conference	ce			
Employee Attorney Representing the employer or insurer or third party adminis				
	with the Division.  ith this form, and a copy of this form has been mailed to appearance along with a copy of the Request for Confermance.	* *		
An administrative law judge cannot act as a advice to any party regarding the case. An agreement as long as:  The settlement is not the result of undu the employee fully understands his or The employee voluntarily agrees to acc. The settlement is in accordance with the	DIVISION USE ONLY			
COMPLETED BY DIVISIO	N OF WORKERS' COMPENSATION			
Approved				
Date				

Please visit our website at <a href="www.labor.mo.gov/DWC">www.labor.mo.gov/DWC</a> if you have any questions about your rights or benefits under the Workers' Compensation Law. Keep a copy for your records.

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